EXHIBIT D

EXCERPTS FROM THE DEPOSITION OF RAHUL GUPTA, M.D. 09/11/2020

	Page 1
1	IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
2	FOR THE SOUTHERN DISTRICT OF WEST VIRGINITY
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5	THE CITY OF HUNTINGTON,
6	Plaintiff,
7	vs. CIVIL ACTION NO. 3:17-01362
	AMERISOURCEBERGEN DRUG CORPORATION, et al.,
8 9	Defendants.
10 11 12	CABELL COUNTY COMMISSION, Plaintiff,
13	vs. CIVIL ACTION NO. 3:17-01665
14	AMERISOURCEBERGEN DRUG CORPORATION, et al.,
15	Defendants.
16	* * * * * * * * * * * * * * * * * * * *
17 18	
19	Videotaped and videoconference deposition of RAHUL GUPTA, M.D., taken by the Defendants under
20	the Federal Rules of Civil Procedure in the above- entitled action, pursuant to notice, before Teresa
21	S. Evans, a Registered Merit Reporter, all parties located remotely, on the 11th day of September,
22 23 24	2020.

getting into clinical practice. I could not tell you exactly, but approximately -- I finished my residency was in 1999, so that would have been around the years based on my license, permitted license, that I would have filled out that process.

So I would be aware of the DEA registration process since that time.

- Q. I see. Thank you. I -- my question was confusing. We started by talking about the system of distribution for controlled substances. When did you become generally aware of that system of distribution?
- A. So it was -- it was more during my term as the health commissioner and the state health officer because I was engaged in addressing the opioid crisis and the public health consequences that I became more aware and became more in contact with the Board of Medicine, the Board of Pharmacy and the controlled substances monitoring program and that was the time during which I came to know much more about the process than I had previously.
- Q. And beyond the requirements for all of the actors in the supply chain to be DEA registrants, what else have you learned about the -- that

Page 41 process? 1 I'm sorry, if you can ask me a more 2 I'm not sure I can answer it 3 specific question? and address my four years of experience in one 4 5 question. No, so I'm asking specifically with respect Ο. 6 to the system of distribution. For example, are 7 you aware also that distributors are -- as you 8 said, through your work with the Board of Pharmacy, 9 that they're regulated by the West Virginia Board 10 of Pharmacy in West Virginia? Is that correct? 11 I'm sorry, can you repeat that, please? 12 Α. You said you learned more about the 13 0. Sure. system of distribution during your term as 14 Commissioner, correct? 15 Α. Yes. 16 And you said part of that learning came 17 from your work with the Board of Pharmacy. 18 Correct? 19 Correct. 20 Α. Could you describe in detail --Ο. 21 Strike that. 22 MS. JINDAL: What did you learn from your work with the 23 0. Board of Pharmacy with respect to the system of 24

distribution for controlled opioids?

A. I do think, Ms. Jindal, you know, that this is an area of process that you're meeting with the Board, you're attending their meetings, providing perspective and you're learning over time.

So it's very difficult for me to outline that as one, two, three, four, five things. But broadly speaking, I developed a better understanding and a more improved understanding of the process of distribution from the volume to the prescribing and dispensing.

We worked closely both to understand what was going well, what was not going well, what were the components of the controlled substances monitoring program; what were the obligations.

Also -- within the Bureau of Public

Health. But also, what can we do more? I mean,

part of my work was not just learning, but also

trying to and attempting to - oftentimes struggling

to - find solutions to a crisis that we did not

create.

Q. You said one of the things that you learned more about was the volume. What do you mean by that?

A. What I mean by "the volume" aspect is, clearly by the time I became Commissioner, it was becoming more relevant and more clear that there was a volume issue when it came to the deaths and the suffering on the streets.

What that meant was, the overwhelming volume that was reaching the people of West Virginia was plainly involved in the killing of West Virginians almost every 12 hours around the clock, and that became important to us, as well as other sufferings that were occurring.

- O. Volume of what?
- A. The volume of prescription opioid pills.
- Q. And what was the source of that volume?
- A. So the source of that volume clearly was coming from -- through the manufacturers and distributors into the state of West Virginia and then through the pharmacies, being dispensed into the hands of innocent public.
- Q. You said you also looked at what was going well and what was not going well. What did you think was going well?
- A. Well, by the time I came into the office, clearly we had passed some policies -- please mind

Page 48 I'm sorry, object to MR. COLANTONIO: 1 the form of the question. Are you asking him as a 2 State Health Officer if he somehow can regulate 3 through the Controlled Substances Act the 4 distributors? 5 I'm not sure I understand your 6 7 question. Sure. Let me rephrase. MS. JINDAL: 8 Doctor, as State Health Officer and as Commissioner for the Bureau of Public Health, you 10 were in a position to propose legislation, correct? 11 12 Α. Yes. And you were also on the Governor's Council 13 Ο. -- Advisory Council on Substance Abuse, correct? 14 That's correct. 15 Α. And these positions put you in a position 16 to offer suggestions for what could be done to 17 abate the opioid problem in West Virginia, correct? 18 Α. Yes. 19 And you also testified that you learned 20 about the system of distribution through your work 21 on these -- on these committees and in your 22 position as Commissioner for the Bureau of Public 23 Health, correct? 24

A. Yes.

- Q. At the end of all that, did you propose any solution or regulation or law that was directed at the conduct of wholesale distributors?
- A. As a result of all of the aspect of questions that you've asked me, we did put a task force together and did everything possible under the sun under my authority in the state of West Virginia that we could do to address this terrible killer of a crisis that was happening.

And I'd be happy to talk to you about that.

Q. Okay. Doctor, that was not my question. Did you ever propose a course of action with respect to the conduct of wholesale distributors and geared at abating the opioid problem in West Virginia?

MR. COLANTONIO: Objection to the form.

Go ahead, Doctor, if you can answer that.

A. I did not have -- as State Health Officer, did not have the authority to propose and control the Controlled Substance Act, a federal law, and as

part of the authority of state health commissioners all across the country, we have the ability to do what we can within our states and our communities, and that's exactly what I was attempting to do:

MR. RUBY: I'm going to call a time-out here and just note for the record that the witness' answer is parroting the improper speaking objection in which his counsel coached him to give testimony as to the Controlled Substances Act, and I'm going to ask counsel to refrain from speaking objections to coach the witness as to how you'd like him to answer.

MR. COLANTONIO: Well, that wasn't intended as a speaking objection, Steve. It was an objection intended to be a proper objection, so we'll move on and I'll object as I see fit, and you can --

MR. RUBY: Well, no, no, the -- we make objections to form. We don't make an objection and ask if the question is asking the witness whether he had the authority do thus and such under the Controlled Substances Act and then invite him to testify - as he just did - that he didn't have the authority to do thus and such under

Page 51 the Controlled Substances Act. 1 That's exactly what happened there, 2 and we're not going to -- we're not going to put up 3 with that as the day goes on. 4 MR. COLANTONIO: Yeah. Whatever. 5 MR. FITZSIMMON: Steve, the witness 6 wants a break also. 7 MR. COLANTONIO: Oh, okay. Can we 8 take a break now for a few minutes? I just have a couple more MS. JINDAL: 10 questions, and then I think we can take a break if 11 12 that's okay. MR. COLANTONIO: Go ahead. 13 14 BY MS. JINDAL: Doctor Gupta, through your work with the 15 Board of Pharmacy, are you aware that the Board of 16 Pharmacy licenses and regulates distributors in the 17 state of West Virginia? 18 What I'm aware of is that the Board of Α. 19 Pharmacy does have the ability and the authority to 20 provide the licensing and -- for the distributors, 21 22 yes. And members of the Board of Pharmacy were 23 on the Governor's Advisory Council for Substance 24

Page 270 order more than 5,000 prescription opioids for any 1 month in any year"? 2 MR. COLANTONIO: Object to the form of 3 the question. 4 Is that -- does that make the question 0. 5 clearer? 6 There is something called the 7 Α. Yeah. Controlled Substances Act that already requires the 8 distributors and pharmacists to ensure that their suspicious orders that are monitored, raised, 10 investigated, quarantined. 11 Why would we do that when there was 12 already existing federal law to prevent that? 13 There is also existing federal law about --14 Q. MS. JINDAL: Strike that. 15 Prescribers are also regulated by federal 16 law with respect to their prescribing of controlled 17 18 substances, correct? Yes. Α. 19 They also have to be regulated by DEA, 20 0. correct? 21 Α. Yes. 22 And yet you still passed law that regulated 23 their conduct within the state of West Virginia, 24

Page 271 1 correct? MR: COLANTONIO: Object to the form of 2 the question. 3 Yes. 4 Α. So why does the fact that there is federal Ο. 5 law that also regulates the conduct of pharmacies 6 impact your decision whether or not to propose any 7 legislation with -- that would amount -- that would 8 regulate pharmacies under West Virginia law? 9 MR. COLANTONIO: Object to the form of 10 the question. 11 The law that we passed with respect to what 12 Α. you're stating had to do with standards of care. 13 This was -- it was to align ourselves with CDC 14 recommendations, following CDC recommendations and 15 guidelines that came out. 16 We wanted to make sure we were aligned 17 with that, and it's about people of West Virginia. 18 It's about making sure that the people and the 19 residents of West Virginia are getting the highest 20 standard of care, and that's what that related --21 22 the law was related to. That's We expect that -- to do that. 23 our responsibility. Now, let's be clear. It is 24

not our responsibility to ensure that there's enforcement of the federal law. That's not our job. That's your job. That's your client's job.

And we did everything we could to make sure that the standards of care for health, for medicine, were being held to the highest standards possible, and that includes the CDC guidelines.

Now, when it comes to maintaining suspicious orders - and I'll call them suspicious orders - and adhering to rules and laws that already exist, we depend on this relationship for the system to function that we are all doing our own respective jobs. And that clearly wasn't the case here.

Q. If you had limited the number of prescription opioids that a pharmacy could order, then there's a certain percentage of prescriptions that they would not have been able to fill.

MR. COLANTONIO: Object to form.

A. That would be inherently unfair to the citizens of West Virginia, because if you understand a rural state like West Virginia, you would understand that oftentimes -- and you

yourself mentioned that we have an aging population. You mentioned yourself that we have a disabled population. 50 percent higher than the rest of the country.

And the last thing we want them to be doing is driving 80 miles because the quota for some pharmacy has been filled. So this is a balancing act, and we -- we really need all actors to be working in good faith, to be doing their part of the work.

If we have -- if we had one fix to all solutions, believe me, we would have done it.

Everything that we could have done was on the table.

But what happens -- or maybe -- what states in policy, we have to make sure that at the end of the day, we're not hurting the people of West Virginia more than what they're already being hurt.

So this is the reason why it was important for all of us to do it our own respectives -- to take on our own due diligence and do our jobs.

That's my response.

STATE OF WEST VIRGINIA, COUNTY OF JACKSON, to wit;

I, Teresa S. Evans, a Notary Public within and for the County and State aforesaid, duly commissioned and qualified, do hereby certify that the foregoing deposition of RAHUL GUPTA, M.D. was duly taken by me and before me at the time and place and for the purpose specified in the caption hereof, the said witness having been by me first duly sworn.

I do further certify that the said deposition was correctly taken by me in shorthand notes, and that the same were accurately written out in full and reduced to typewriting and that the witness did request to read his transcript.

I further certify that I am neither attorney or counsel for, nor related to or employed by, any of the parties to the action in which this deposition is taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties or financially interested in the action and that the attached transcript meets the requirements set forth within article twenty-seven, chapter forty-seven of the West Virginia Code.

My commission expires October 25, 2020. Given under my hand this 15th day of September, GIVFII UIIUEL MY IIAI

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Teresa S. Evans RMR, CRR, RPR, WV-CCR

Page 345 1 STATE OF WEST VIRGINIA 2 COUNTY OF KANAWHA, to wit; 3 I, Teresa Evans, owner of Realtime Reporters, 4 LLC, do hereby certify that the attached deposition 5 transcript of RAHUL GUPTA, M.D. meets the 6 requirements set forth within article twenty-seven, 7 chapter forty-seven of the West Virginia Code to 8 the best of my ability. 9 10 Given under my hand this 15th day of September, 11 2020. 12 13 14 15 16 Registered Professional 17 Reporter/Certified Realtime Reporter 18 19 20 21 22 23 24